Michigan Department of Health and Human Services Family Planning Clinic Fee Schedule January 2017

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
11976	Remove Contraceptive Capsule			\$80.03	
11981	Insert Drug Implant Device			\$78.84	
11982	Remove Drug Implant Device			\$89.54	
11983	Remove/Insert Drug Implant			\$125.00	
55250	Removal Of Sperm Duct(S)			\$216.13	
57170	Fitting Of Diaphragm/Cap			\$34.07	
58300	Insert Intrauterine Device			\$40.81	
58301	Remove Intrauterine Device			\$53.09	
58565	Hysteroscopy Sterilization			\$1,041.81	
80048	Metabolic Panel Total Ca			\$9.31	
80076	Hepatic Function Panel			\$5.03	
81000	Urinalysis Nonauto W/Scope			\$2.64	
81001	Urinalysis Auto W/Scope			\$2.64	
81002	Urinalysis Nonauto W/O Scope			\$1.10	
81003	Urinalysis Auto W/O Scope			\$1.10	
81015	Microscopic Exam Of Urine			\$1.54	
81025	Urine Pregnancy Test			\$4.74	
82465	Assay Bld/Serum Cholesterol			\$2.65	
82947	Assay Glucose Blood Quant			\$2.29	
82948	Reagent Strip/Blood Glucose			\$1.32	
84703	Chorionic Gonadotropin Assay			\$4.18	
85013	Spun Microhematocrit			\$2.50	
85014	Hematocrit			\$2.50	
85018	Hemoglobin			\$2.50	
85660	Rbc Sickle Cell Test			\$2.50	
86701	Hiv-1antibody			\$9.76	
86702	Hiv-2 Antibody			\$11.56	
86703	Hiv-1/Hiv-2 1 Result Antbdy			\$11.56	
86780	Treponema Pallidum			\$13.80	
87070	Culture Othr Specimn Aerobic			\$9.31	
87075	Cultr Bacteria Except Blood			\$8.84	
87077	Culture Aerobic Identify			\$8.86	
87081	Culture Screen Only			\$4.74	
87110	Chlamydia Culture			\$13.65	
87205	Smear Gram Stain			\$4.31	
87207	Smear Special Stain			\$6.57	
87207	Smear Special Stain	26		\$10.30	
87210	Smear Wet Mount Saline/Ink			\$2.50	
87270	Chlamydia Trachomatis Ag If			\$13.18	
87274	Herpes Simplex 1 Ag If			\$13.18	
87320	Chylmd Trach Ag Ia			\$13.18	
87340	Hepatitis B Surface Ag Ia			\$11.35	
96372	Ther/Proph/Diag Inj Sc/Im			\$14.07	
99201	Office/Outpatient Visit New			\$24.37	

^{**}Effective Date will only be populated when the rate begins after the published fee schedule date

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Michigan Department of Health and Human Services Family Planning Clinic Fee Schedule January 2017

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
99202	Office/Outpatient Visit New			\$41.60	
99203	Office/Outpatient Visit New			\$60.22	
99204	Office/Outpatient Visit New			\$91.92	
99205	Office/Outpatient Visit New			\$115.29	
99211	Office/Outpatient Visit Est			\$11.09	
99212	Office/Outpatient Visit Est			\$24.17	
99213	Office/Outpatient Visit Est			\$40.61	
99214	Office/Outpatient Visit Est			\$59.83	
99215	Office/Outpatient Visit Est			\$80.63	
99383	Prev Visit New Age 5-11			\$91.46	
99384	Prev Visit New Age 12-17			\$99.37	
99385	Prev Visit New Age 18-39			\$99.37	
99386	Prev Visit New Age 40-64			\$117.10	
99387	Init Pm E/M New Pat 65+ Yrs			\$126.92	
99393	Prev Visit Est Age 5-11			\$72.79	
99394	Prev Visit Est Age 12-17			\$80.39	
99395	Prev Visit Est Age 18-39			\$81.34	
99396	Prev Visit Est Age 40-64			\$89.89	
99397	Per Pm Reeval Est Pat 65+ Yr			\$99.06	
A4264	Intratubal Occlusion Device			\$681.61	
A4266	Diaphragm			\$18.50	
A4267	Male Condom			\$0.06	
A4268	Female Condom			\$0.68	
A4269	Spermicide			\$4.95	
G0476	Hpv Combo Assay Ca Screen			\$39.86	
G0499	Hepb Screen High Risk Indiv			\$14.86	
J0696	Ceftriaxone Sodium Injection			\$1.43	
J1050	Medroxyprogesterone Acetate			\$0.23	
J7297	Liletta, 52 Mg			\$50.00	
J7298	Mirena, 52 Mg			\$344.00	
J7300	Intraut Copper Contraceptive			\$229.83	
J7301	Skyla, 13.5 Mg			\$507.33	
J7303	Contraceptive Vaginal Ring			\$16.06	
J7304	Contraceptive Hormone Patch			\$58.69	
J7307	Etonogestrel Implant System			\$435.15	
Q0144	Azithromycin Dihydrate, Oral			\$15.05	
S4989	Contracept lud			\$87.80	
S4993	Contraceptive Pills For Bc			\$12.50	

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